Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IN009554	A. BUILDING: _____ B. WING _____	R 04/09/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NIGHTINGALE HOME HEALTHCARE INC	1036 S RANGELINE RD CARMEL, IN 46032

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{N 000}	Initial Comments This was a revisit for the State re-licensure survey completed on 2-12-14. Survey Date: 4-9-14 Facility #: 009554 Medicaid Vendor #: 200107010 Surveyors: Vicki Harmon, RN, PHNS Team Leader Tonya Tucker, RN, PHNS Fifteen (15) deficiencies were found to be corrected as a result of this survey. Nightingale Home Health was found to be in compliance with the Indiana State Rules for home health agency licensure 410 IAC Article 17. Quality Review: Joyce Elder, MSN, BSN, RN April 10, 2014	{N 000}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE